

FIGURE 1

100

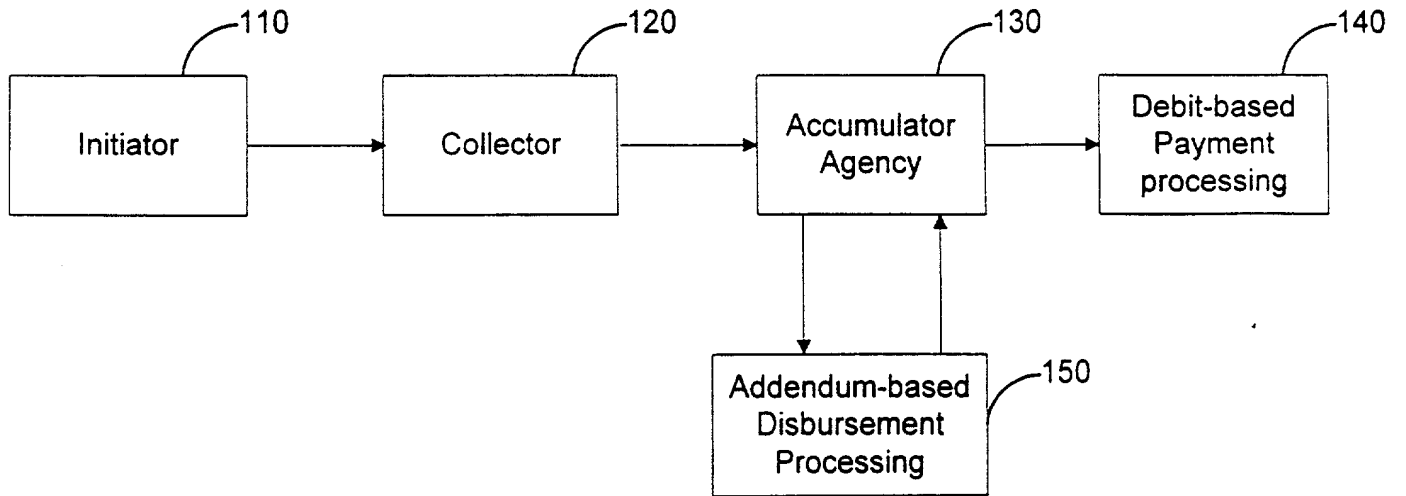
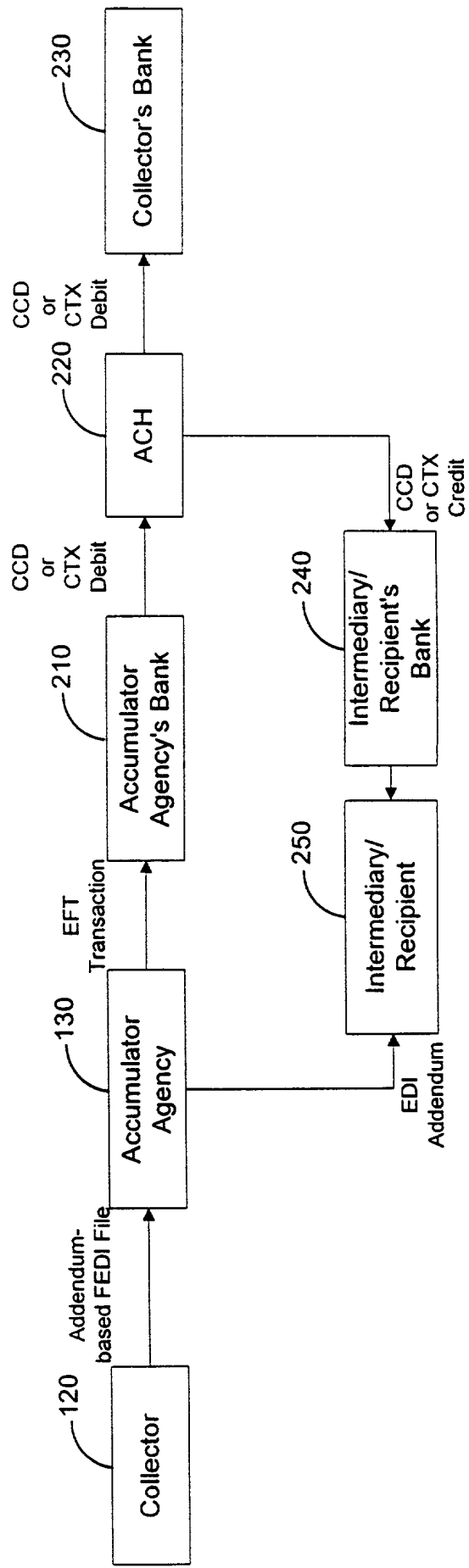


FIGURE 2

200



300

FIGURE 3

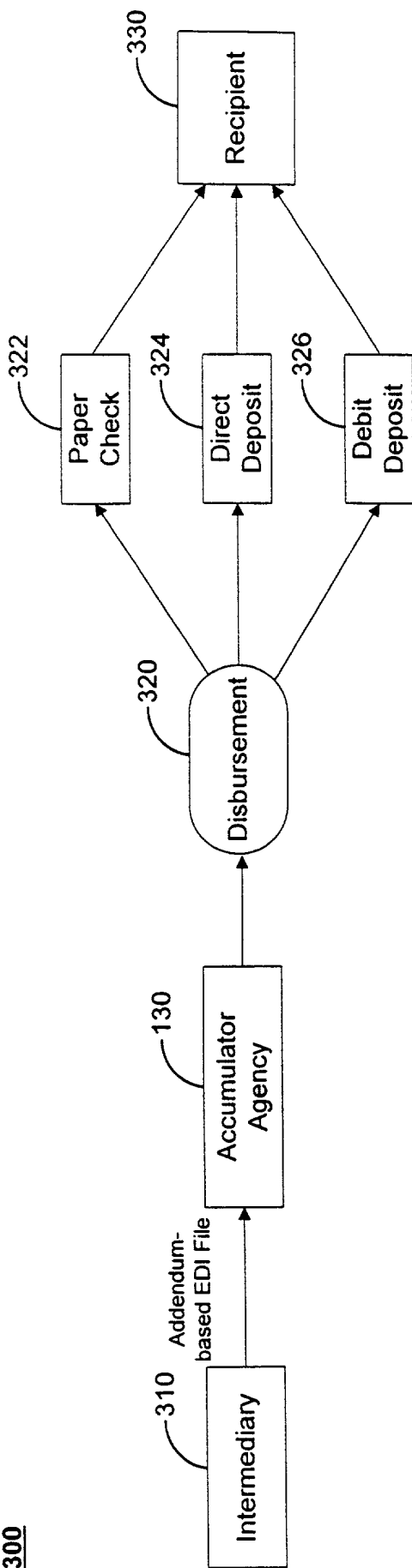


FIGURE 4

400

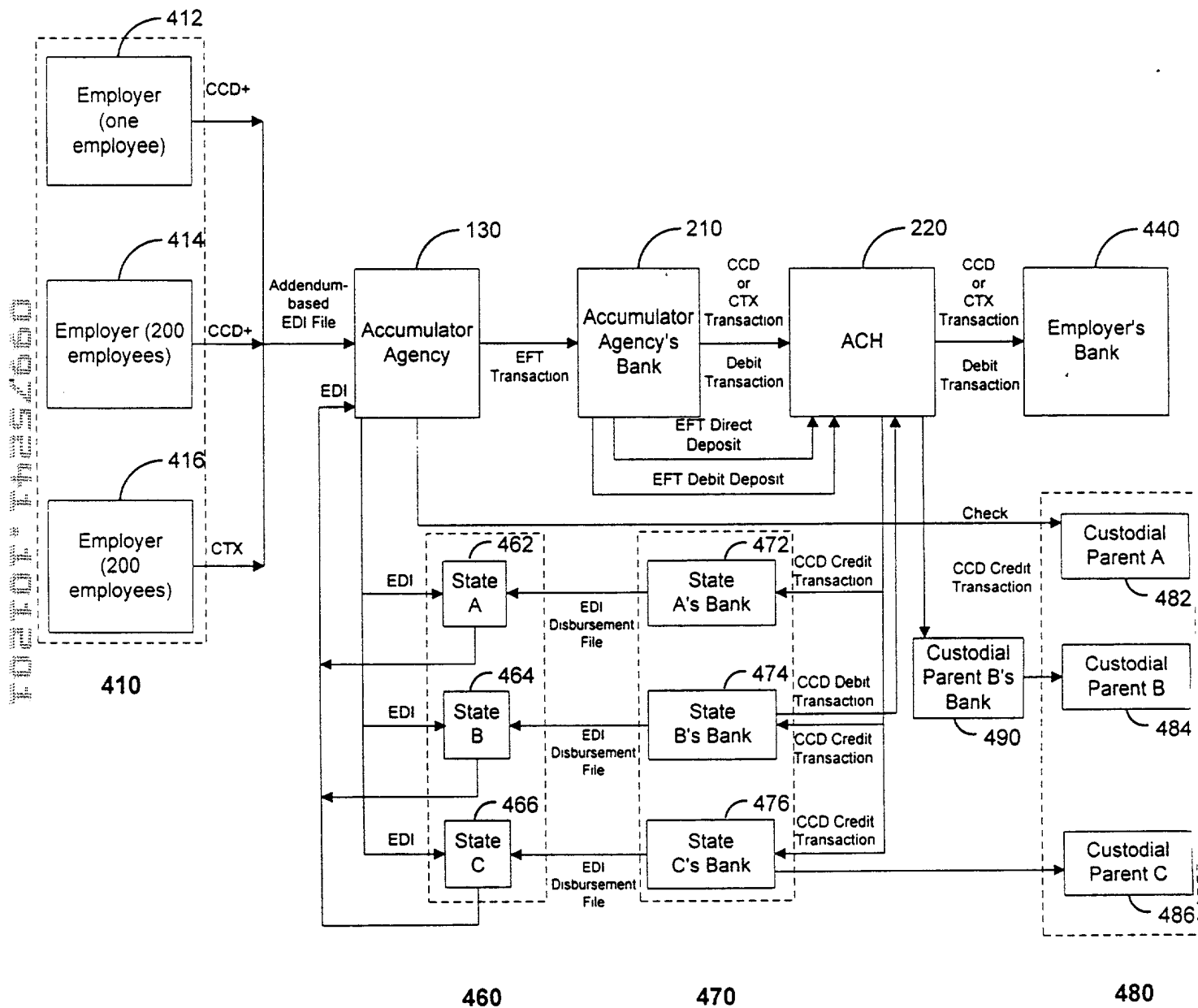


FIGURE 5

120

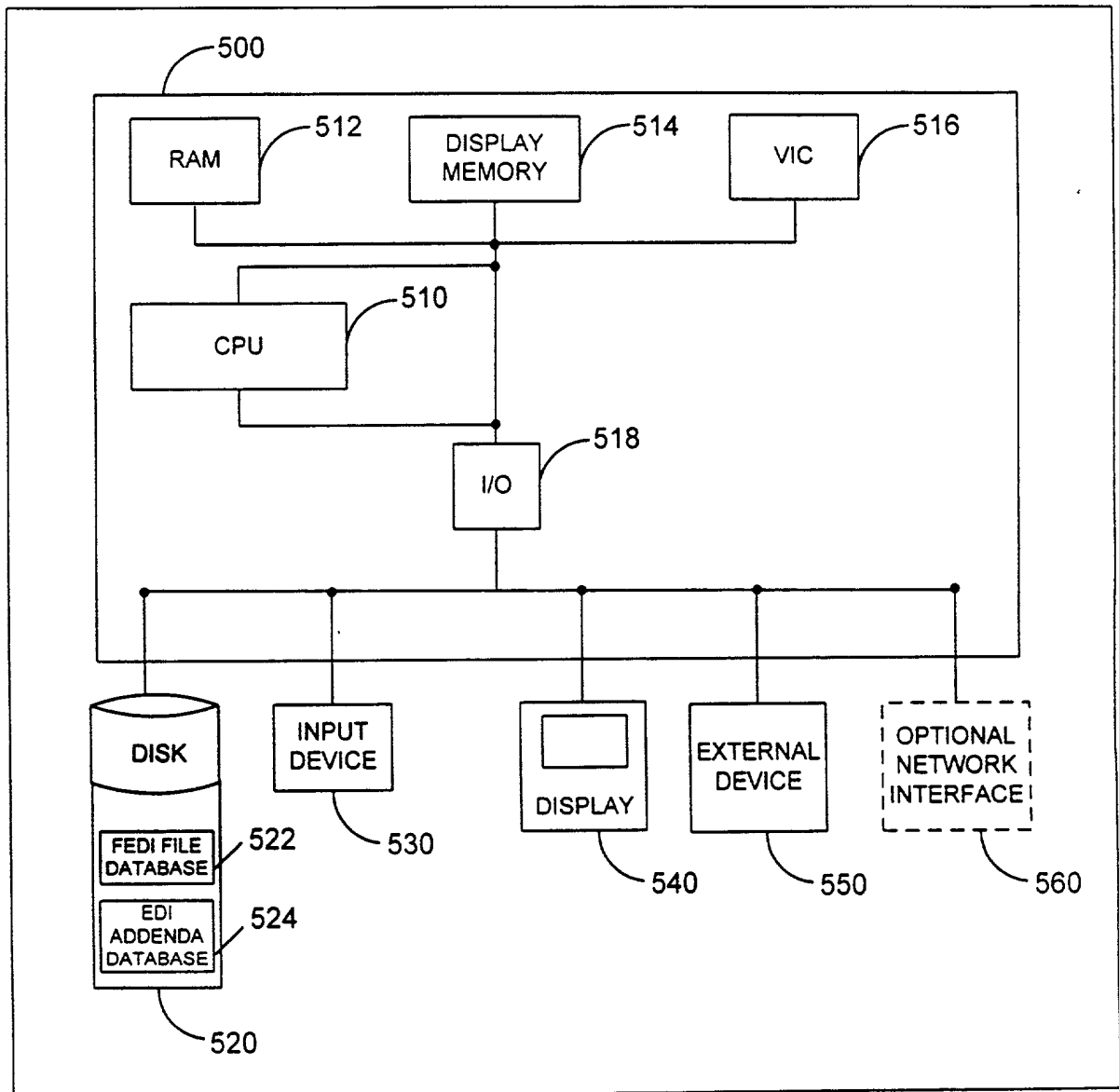


FIGURE 6

130

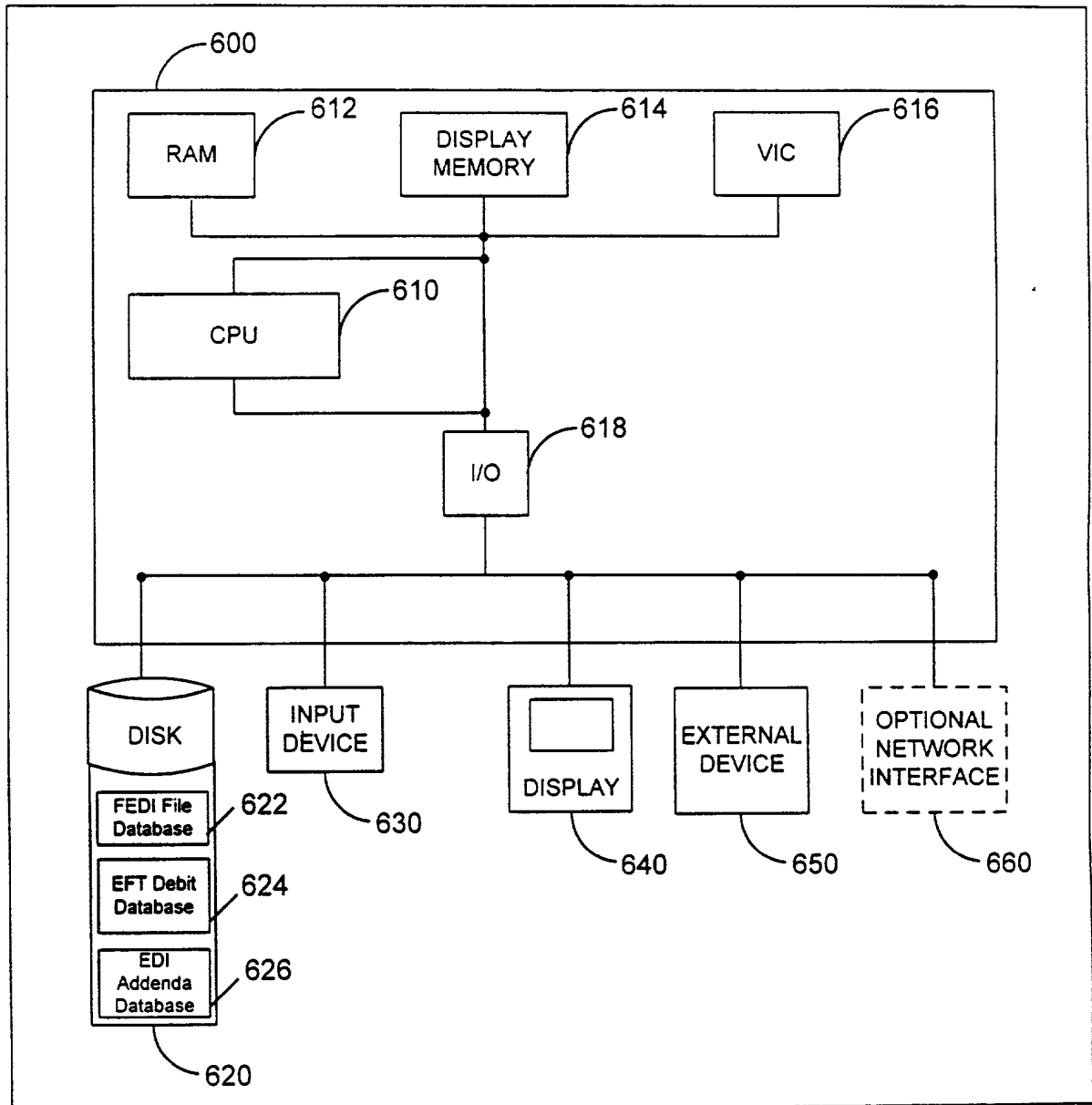


FIGURE 7

250

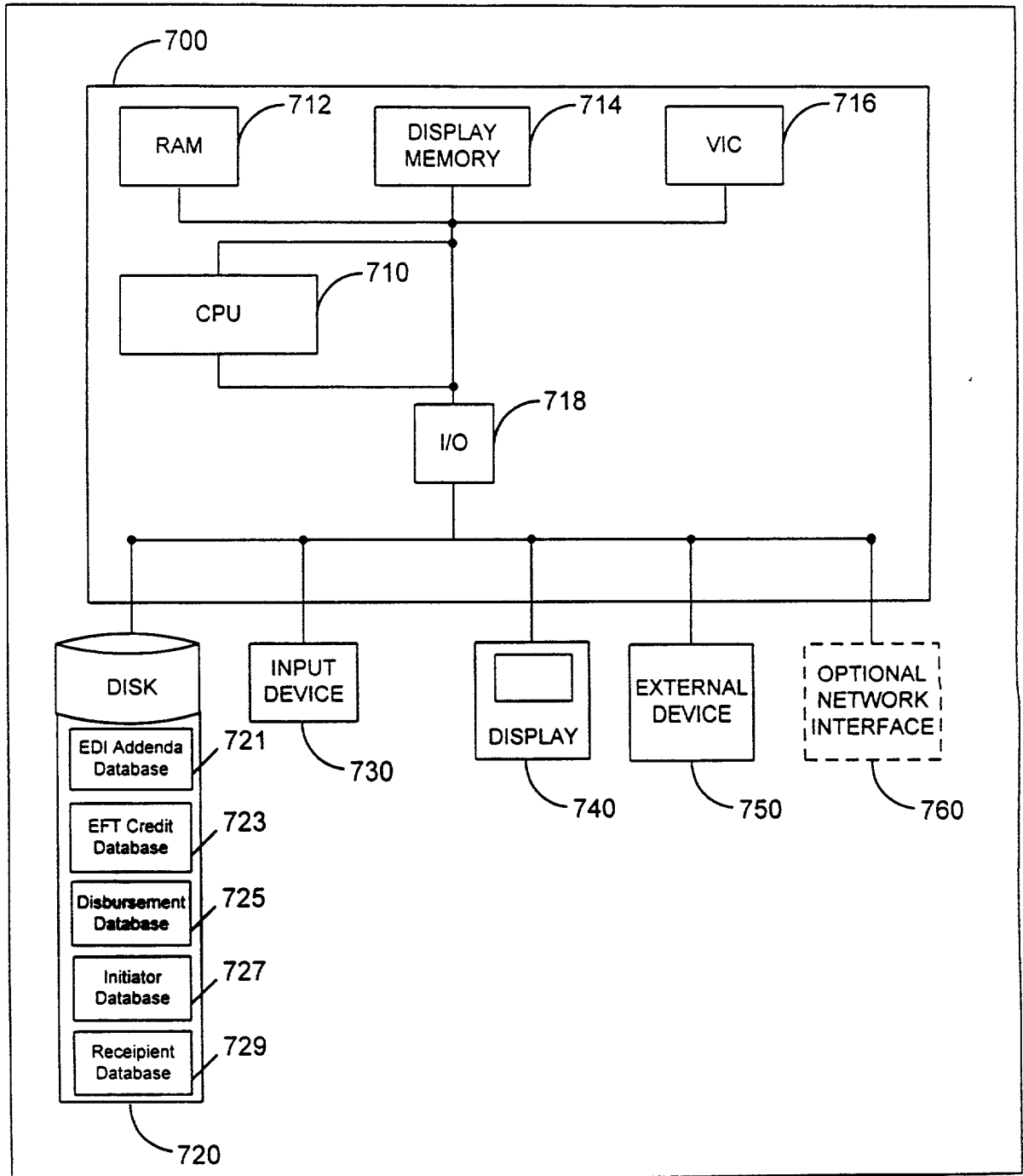


FIGURE 8A

FIELD	1	2	3	4	5	6	7	8	9	10	11
DATA ELEMENT NAME	Record Type Code	Transaction Code	Receiving DFI Identification	Check Digit	DFI Account Number	Amount	Identification Number	Receiving Company Name	Discretionary Date	Address Record Indicator	Trace Number
Field Inclusion Requirement	M	M	M	M	R	M	O	R	O	M	M
Contents	%	Numeric	TTTTAAA	Numeric	Alphanumeric	\$\$\$\$\$\$	Alphanumeric	Alphanumeric	Alphanumeric	Numeric	Numeric
Length	1	2	8	1	17	10	15	22	2	1	15
Position	01-01	02-03	04-11	12-12	13-39	30-39	40-54	55-76	77-76	79-79	80-94

FIGURE 8B

FIELD	1	2	3	4	5	6	7	8	9	10	11	12	13
DATA ELEMENT NAME	Record Type Code	Transaction Code	Receiving DFI Identification	Check Digit	DFI Account Number	Total Amount	Identification Number	Number of Address Records	Receiving Company Name-ID Number	Reserved	Discretionary Date	Address Record Indicator	Trace Number
Field Inclusion Requirement	M	M	M	M	R	M	O	R	R	N/A	O	M	M
Contents	%	Numeric	TTTTAAA	Numeric	Alphanumeric	\$\$\$\$\$\$	Alphanumeric	Numeric	Alphanumeric	Blank	Alphanumeric	Numeric	Numeric
Length	1	2	8	1	17	10	15	4	16	2	2	1	15
Position	01-01	02-03	04-11	12-12	13-39	30-39	40-54	55-58	59-74	75-76	77-78	79-79	80-94



FIGURE 9A

FIELD	1	2	3	4	5
DATA ELEMENT NAME	RECORD TYPE RECORDING	ADDENDA TYPE CODE	PAYMENT RELATED INFORMATION	ADDENDA SEQUENCE NUMBER	ENTRY DETAIL SEQUENCE NUMBER
<i>Field Inclusion Requirement</i>	M	M	O	M	M
<i>Contents</i>	'7'	'0 5'	Alphanumeric	Numeric	Numeric
<i>Length</i>	1	2	80	4	7
<i>Position</i>	01-01	02-03	04-83	84-87	88-94

FIGURE 9B

Element	Comments	Content	Attributes		
			1	2	3
	Segment Identifier	DED	M	ID	3/3
DED01	Application Identifier	CS	M	ID	2/2
DED02	Case Identifier	XXXXXXXXXX	M	AN	1/20
DED03	Pay Date	YYMMDD	M	DT	6/6
DED04	Payment Amount	\$\$\$\$\$CC	M	N2	1/10
DED05	Non-Custodial Parent Social Security Number	XXXXXXXXXX	M	AN	9/9
DED06	Medical Support Indicator	'Y' - Yes, 'N' - No	M	AN	1/1
DED07	Non-Custodial Parent Name	XXXXXXXXXX	O	AN	1/10
DED08	FIPS Code	XXXXXXX	O	AN	5/7
DED09	Employment Termination Indicator	'Y' - Yes	O	AN	1/1

FIGURE 10

1000

FIG. 10 OF 14

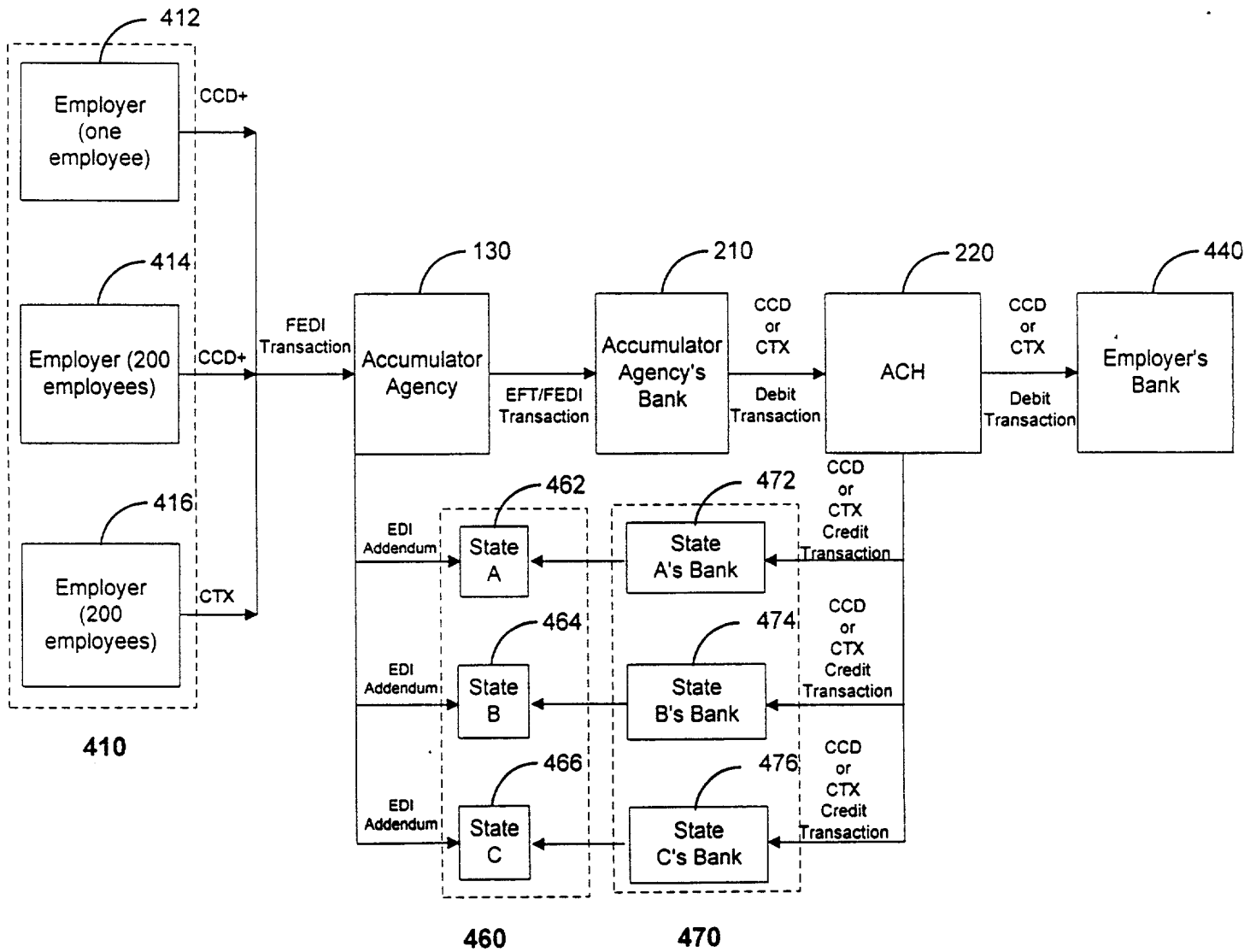


FIGURE 11

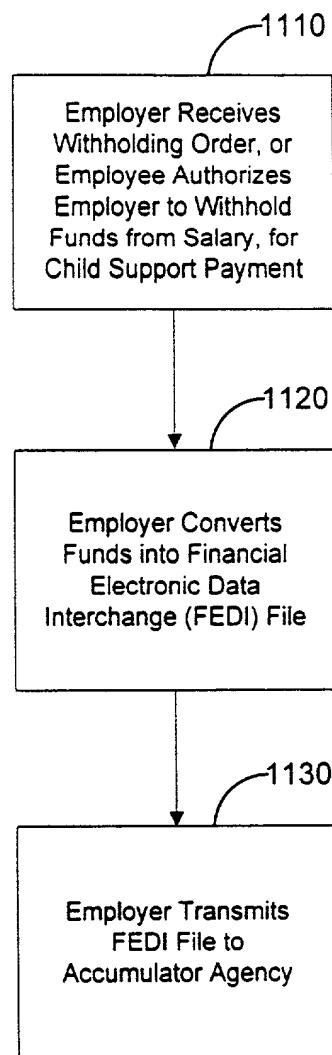


FIGURE 12

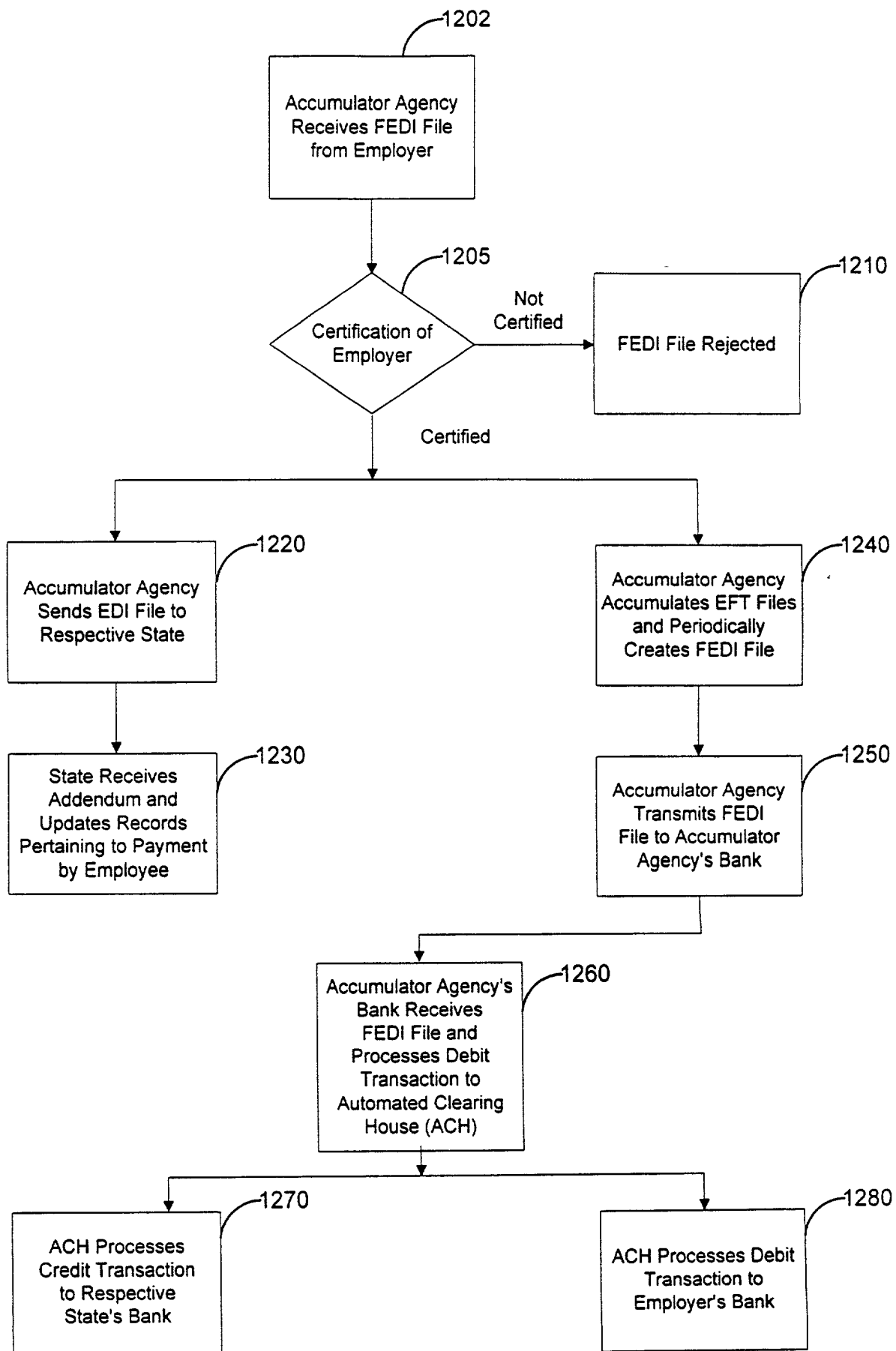


FIGURE 13

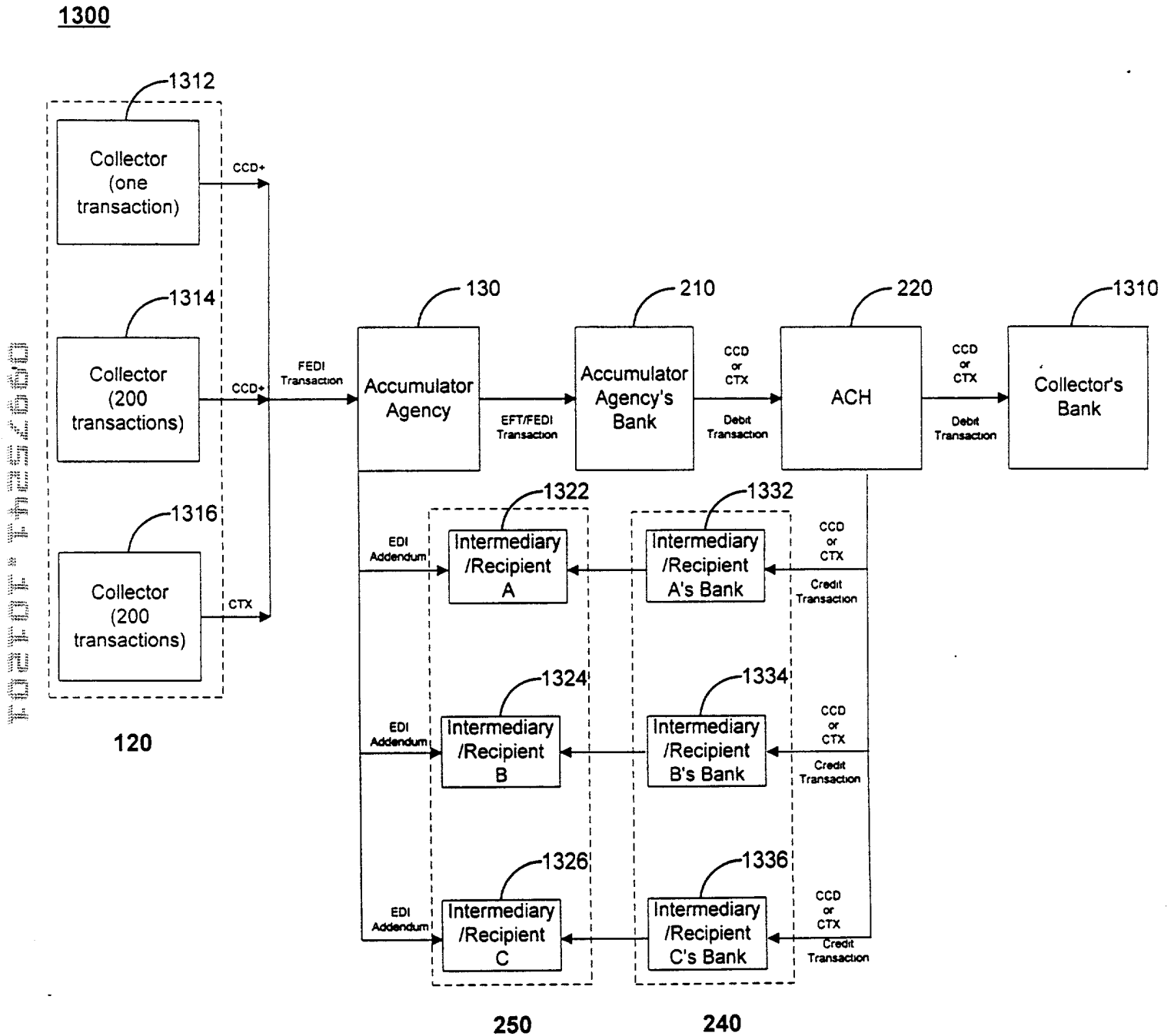


FIGURE 14

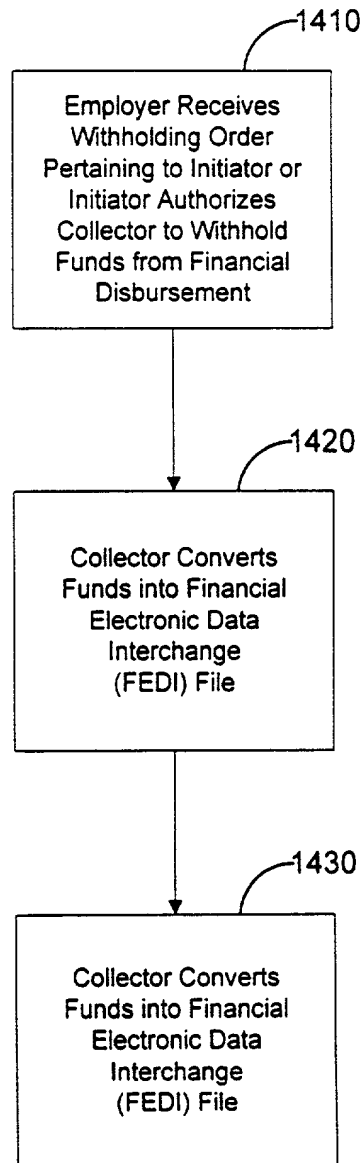


FIGURE 15

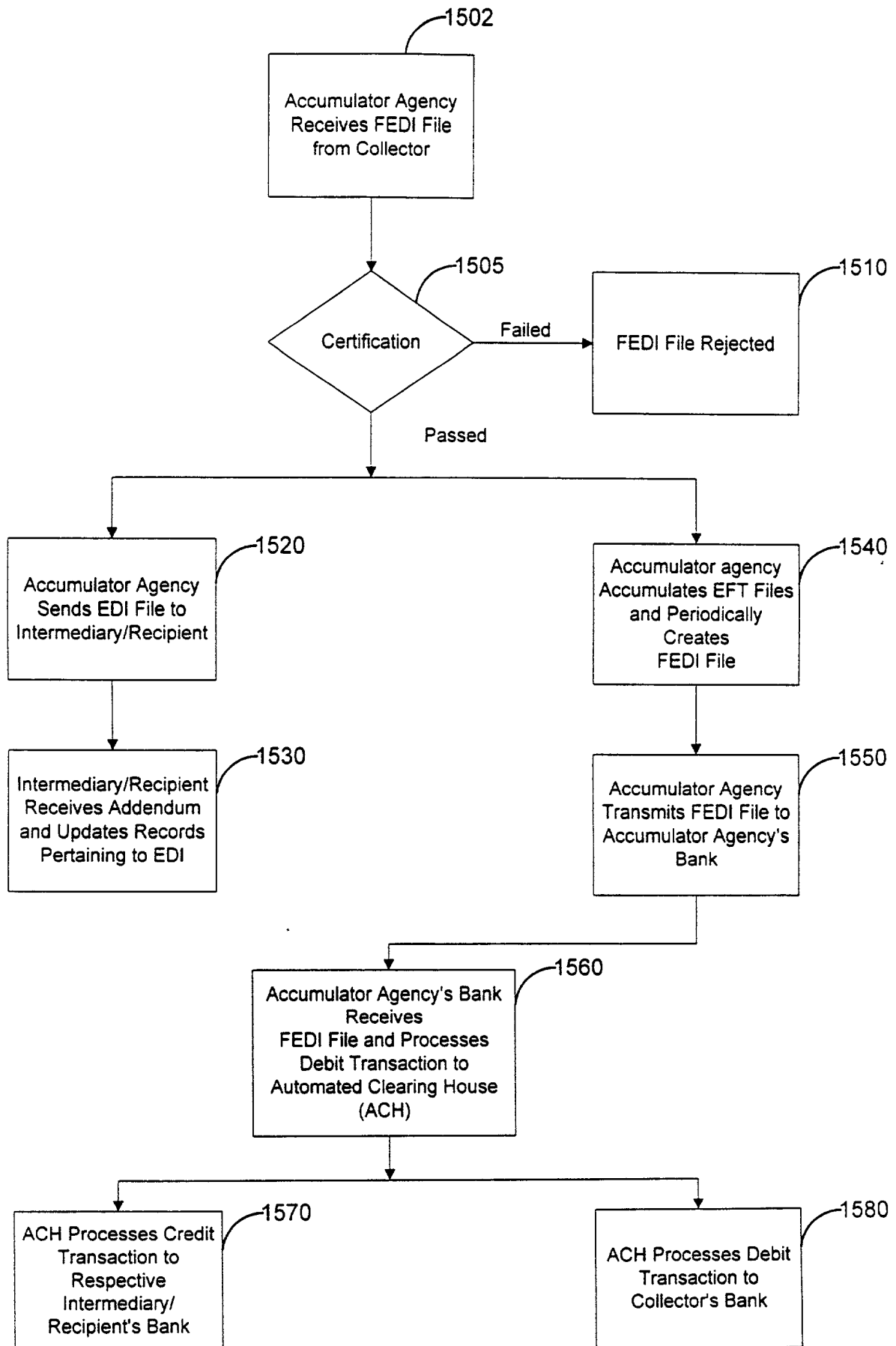




FIGURE 16

1600

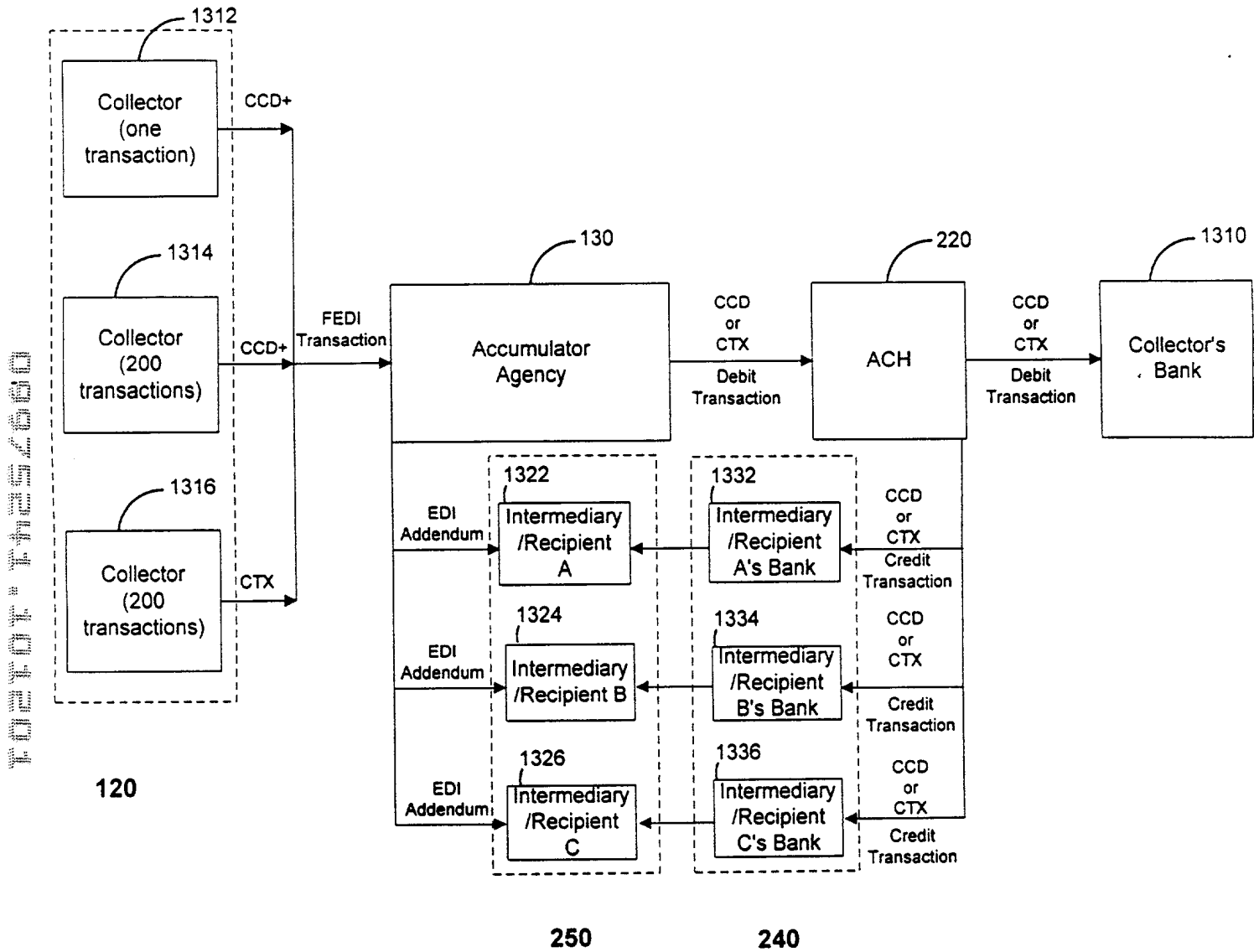


FIGURE 17

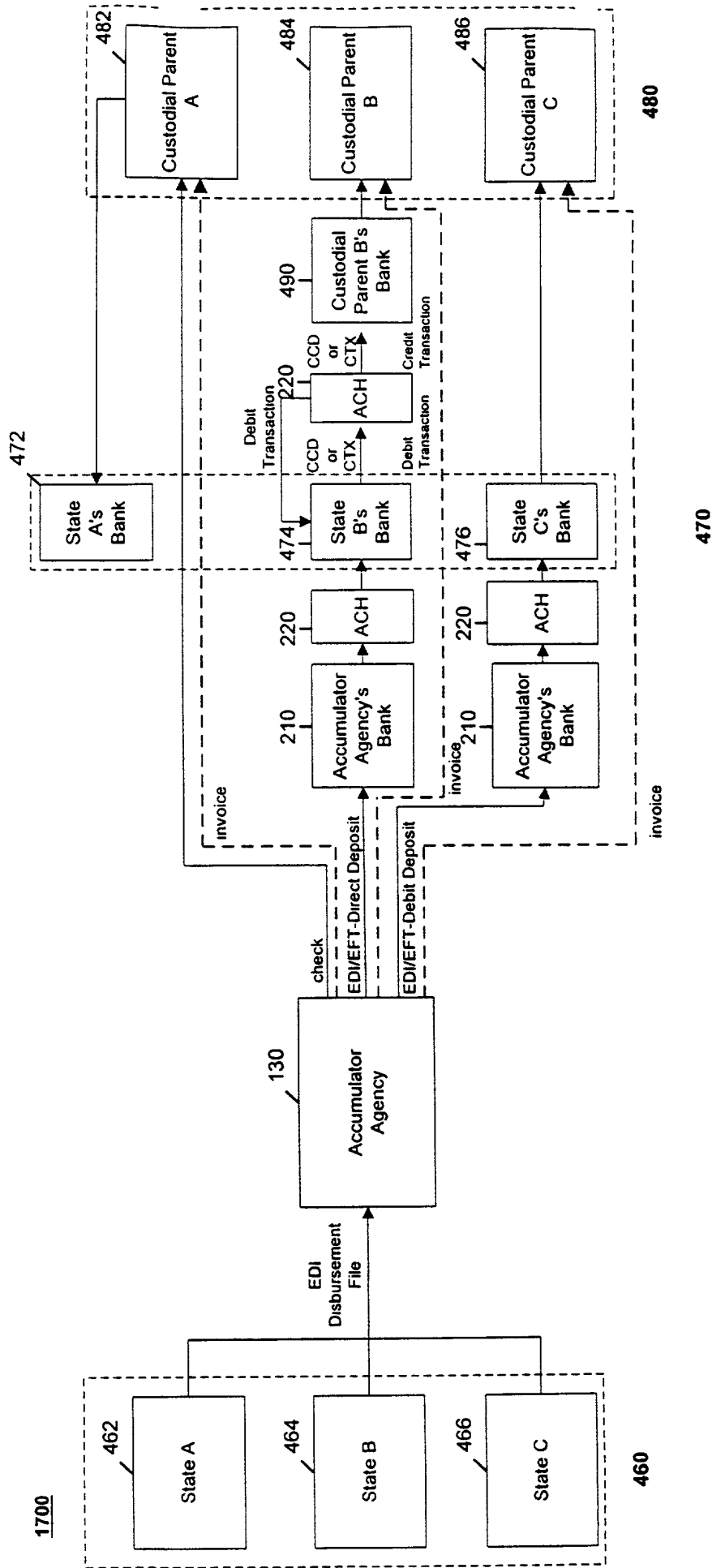


FIGURE 18

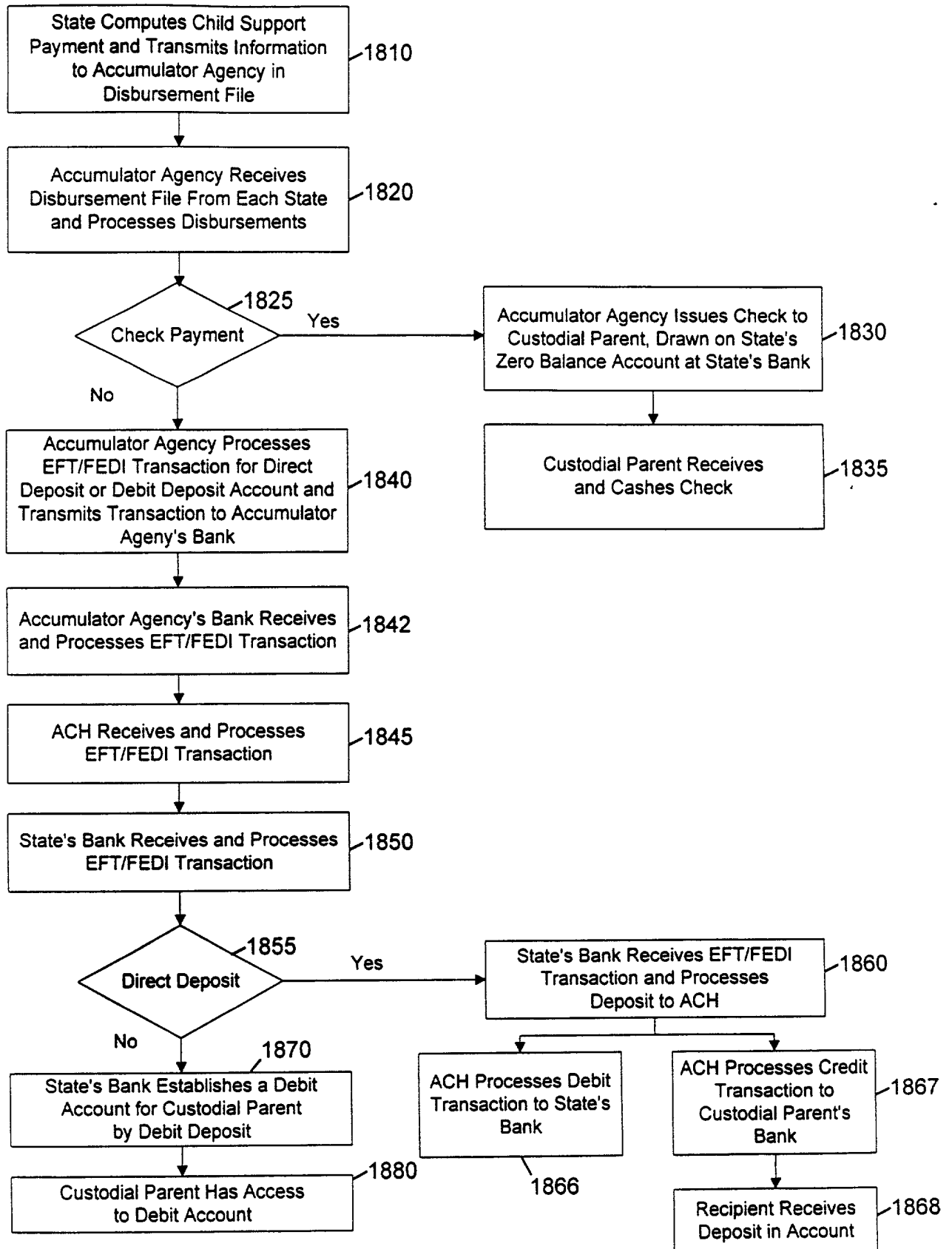




FIGURE 20

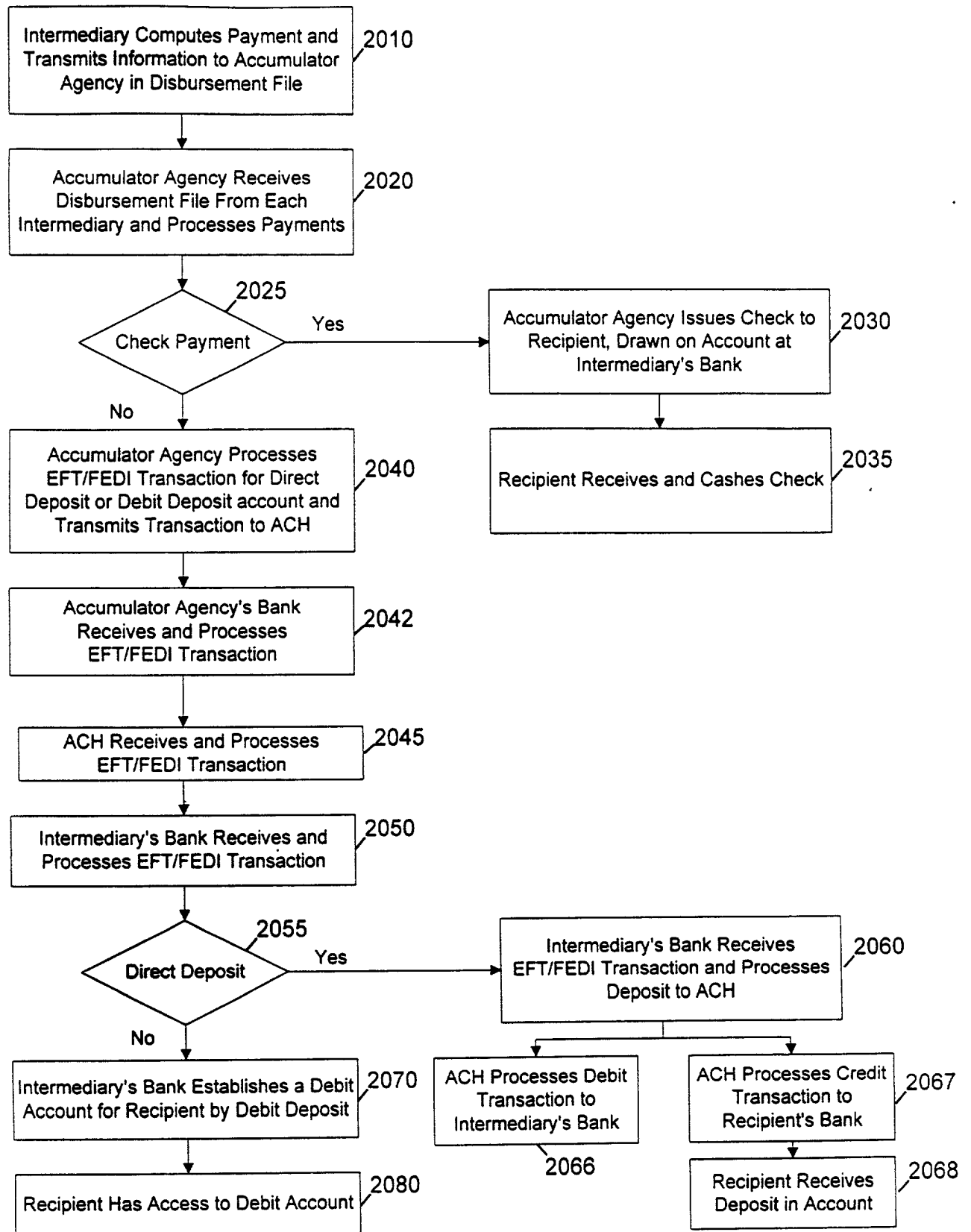


FIGURE 21

